Psychologists' Ethical Responsibilities in Internet-Based Groups: Issues, Strategies, and a Call for Dialogue

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How can psychologists participate ethically as facilitators, advisers, and peer members in Internet-based groups? The astonishing growth of Internet technology and on-line groups has outpaced the development of formal ethical guidelines for psychologists involved in on-line groups. This article provides an initial appraisal of psychologists' ethical responsibilities in discussion, support, and self-help groups that operate on the Internet and offers practical strategies for avoiding ethical problems. By presenting initial strategies and guidelines for ethical behavior in Internet-based groups, the authors hope to stimulate the field to further discuss and analyze these issues.

In early 1998, an on-line self-help group member revealed that he had murdered his 5-year-old daughter. He electronically transmitted his confession to more than 200 on-line group subscribers, including several psychologists. Three group members informed legal authorities, and the author of the message was subsequently convicted of murder. A media-fueled public controversy followed (DeCarlo, 1998; Hammer, 1998), with many commentators criticizing the mental health professionals who received the E-mailed confession but did not report it to the police. This high-profile case serves as just one example of how challenging ethical situations can arise for psychologists in Internet-based groups. Although we do not pretend to offer simple solutions to particular dilemmas (e.g., the aforementioned situation), in this article we attempt to increase psychologists' awareness of ethical issues surrounding on-line groups as well as provide strategies for minimizing the occurrence of ethical problems. In doing so, we hope to encourage both organized psychology and individual practitioners to engage in intensive dialogue and debate from which clear and widely accepted ethical standards can emerge.

Definitions and Scope

By the terms *Internet-based* and *on-line groups*, we refer to bulletin boards, chat rooms, news and discussion groups operated within health-related web pages (e.g., drkoop.com, ivillage.com), listservs (groups in which each individual message is copied and E-mailed to all subscribers), and other electronic forums focused on social, health, and psychological issues (see Barak, 1999, for a recent review). Some are simply unstructured discussion groups, others have a professional facilitator and an "ask the expert" format, and still others are self-help groups led by an individual (usually a nonprofessional) who shares the problem that the group addresses. In almost all such groups, members or individuals who are interested in the topic simply come and go as they please, without their presence or identification being monitored in any way. Our definition of *on-line groups* intentionally excludes group psychotherapy, which we believe cannot be conducted in an ethical manner over the Internet except in very limited circumstances, for reasons such as the following. First, on-line group members usually come from a broad geographical area, which makes it unlikely that a psychologist would be able to competently execute ethical responsibilities in the event of an emergency (e.g., a client residing in another state becomes suicidal). Second, because individuals cannot be reliably identified over the Internet, an individual with access to a client's computer (e.g., a family member or a coworker) could sign into on-line group psychotherapy by using the password and the name of the actual client. Finally, because by definition everything "said" in Internet group therapy is typed, recorded, copied, and distributed, ensuring clients' privacy is difficult (see

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Gold, 1998, for other ethical problems related to on-line psychotherapy). Practical adjustments (e.g., restricting on-line group psychotherapy membership to local residents who can be screened personally before therapy begins) and future technological developments (e.g., improved encryption systems, rapid video image streaming) will help alleviate these problems, but at the moment we focus on those more informal on-line groups in which ethical involvement by psychologists is readily possible with widely available technology.

Ethical Responsibilities in On-Line Groups

Context and General Principles

Two factors complicate determination of psychologists' ethical responsibilities in on-line groups. First, the format of communication on the Internet can make issues of privacy, confidentiality, and personal relationships confusing to psychologists and nonpsychologists alike. Individuals who compose and send a self-disclosing message in private may feel that they are initiating an intimate, private conversation. However, if the message is posted to a group with hundreds of subscribers, they are actually doing the equivalent of shouting their personal concerns to a large audience. Similarly, psychologists conducting an "ask the expert" on-line listserv group discussion may intend for a response to an individual's question to be an educational message for public consumption. Yet, when seeing the message in his or her personal mailbox and privately reading it, the individual who asked the question may feel that the psychologist has intended to establish a personal, confidential relationship.

Second, the speed at which the Internet can spawn new groups and new ethical dilemmas has thus far understandably outpaced the rate at which organized psychology can develop ethical principles in a careful, deliberative fashion. Although a few organizations (e.g., American Psychological Association [APA], 1997; National Board for Certified Counselors, 2000) have promulgated brief statements on Internet-related ethics, as yet there exists neither comprehensive guidelines for ethical behavior in on-line groups nor a list of strategies for following them. In the interim, we offer our own reasoning and strategies, based on our experience in organizing, evaluating, and advising such on-line groups (Klaw, Huebsch, & Humphreys, in press; Lieberman et al., 1999; Winzelberg et al., 1998, in press).

Our discussion is informed by Principle A of the APA's (1992) "Ethical Principles of Psychologists and Code of Conduct," which states that "in those areas in which recognized professional standards do not yet exist, psychologists exercise careful judgment and take appropriate precautions to protect the welfare of those with whom they work" (p. 1599). The relevance of this principle to the Internet was emphasized in the APA (1997) Ethics Committee's brief statement on "Services by Telephone, Teleconferencing, and Internet." Because of the Internet's novelty, much of the public is unfamiliar with its workings, for example, the difference between an E-mail posted to an individual and an E-mail posted to a listserv. Psychologists must therefore guard against misunderstandings that can lead to public harm to an even greater extent than they do during more established forms of psychologist–public interaction. In terms of the letter of current law, a caveat emptor stance may in many cases be defensible; that is, psychologists

cannot be held legally responsible in any way when nonpsychologists misunderstand Internet-based communications out of their own ignorance of this new technology. However, the specific suggestions offered here presume that psychologists' ethical sensibilities go beyond what the letter of legal codes may ultimately require.

Finally, although our primary focus is on the protection of the public at large, we recognize that psychologists sometimes participate in Internet-based groups to address their own psychological and behavioral problems (e.g., depression, substance abuse, marital conflict). Because the Internet allows individuals to anonymously seek support and advice, it represents a potentially important avenue of assistance to psychologists who need help but fear being identified (e.g., by a fellow treatment professional or a health insurance claims processor). Hence, we discuss the ethics of on-line group participation by psychologists when they are in the role of peer member as well as when they are in the role of professional psychologist.

Ethical Considerations for Psychologists Participating in On-Line Groups in a Professional Capacity

If we could impart only one bit of advice, it would be that psychologists who are involved in on-line groups should assume that role definitions are continually unclear and unstable. In face-to-face interactions with groups (e.g., the first session of psychotherapy, a presentation to a class), the role of the professional psychologist and its attendant ethical responsibilities are easier to establish, clarify, and maintain. For example, a psychologist can see who has heard what he or she has said about role relationships, solicit and answer questions, and repeat this procedure for new or late arrivals. In the constant ebb and flow of membership in on-line groups, such clarity and stability are elusive. When psychologists participate in on-line groups as coordinators, expert consultants, or researchers, they should assume that every action they take in the group has the potential to change their role relationship and ethical responsibilities, even if at some previous point in the group's life they clarified these issues. In many on-line groups, individuals join and leave the group literally every day, and individual group members are not informed when this occurs. Therefore, it is a fair (if conservative) assumption that every message a psychologist writes to an on-line group will encounter at least one set of eyes de novo.

Psychologists must therefore take pains to ensure that their role is continually clarified. The simplest method for doing this is for them to first understand the software package they use to write E-mail, particularly its current default settings. When in doubt, they should experiment in a safe context first (e.g., try swapping recipes on a cooking list). Once the software package has been mastered, it can be set to "tag" psychologists' E-mail messages with the appropriate automatic signature at the bottom of each electronic message. For example, a counseling psychologist serving as an adviser to an eating disorders group could have a default set such that every message to the group is tagged with a closing statement to the effect of "this advice is provided for the education of group members and does not constitute mental health treatment. Individuals desiring personal counseling for eating disorders or other psychological concerns should seek out a mental health professional." If the psychologist is the organizer of the on-line

group, this same message should be sent automatically to all new subscribers, along with a statement indicating that the group is a public forum and not a private therapeutic relationship.

Regardless of the role a psychologist has in an Internet-based group, we would emphasize the importance of the psychologist never implying a personal psychotherapeutic relationship with a single group member. When psychologists serve in an "ask the expert" or similar capacity to an on-line group, posting public messages in response to public queries, their behavior could be best analogized to being on a radio show. In our opinion, psychologists taking such roles should insist that they will answer questions only if both the question and the answer are posted publicly. Thus, although personal issues are being addressed, the "conversation" is witnessed by a broad, invisible audience of third parties and is therefore not confidential (DeKraai & Sales, 1984; Foster, 1975; Meyer & Smith, 1977). Without confidentiality, the ethical responsibilities associated with a personal psychotherapeutic relationship are not invoked. Instead, psychologists' behavior can be safely guided by Section 3 of the APA's (1992) ethical code on public statements and mass media presentations.

In some World Wide Web-based support groups, these standards are routinized (i.e., everything is posted to the web page and anyone can see it, so private communication is transparently impossible to conduct). In other groups, messages are composed in E-mail packages in which "the magic of computing" can make matters more complex. For example, in some packages, the use of a lowercase r versus a capital R when replying sends an E-mail response to one person only or to everyone on the initial distribution list, respectively. To find evidence that even intelligent and highly educated people can confuse personal versus group E-mail responding, one can follow virtually any psychologist-oriented discussion listserv for a month and likely see an embarrassingly personal message accidentally posted to the whole group. Sometimes a message that should be publicly posted is intentionally posted privately, for example, when psychologists are tempted against their better judgment to provide a personal, private answer to a publicly posted question. It could also happen inadvertently, for example, because a default package has been set for personal rather than group responding.

Psychologists may also find that nonpsychologists attempt to initiate private psychotherapeutic E-mail relationships with them. It is fairly easy to find out the E-mail addresses of others, and by extension, it is fairly easy for an on-line group member to send a personal E-mail requesting advice or help to a psychologist serving in an "ask the expert" capacity. We recommend that psychologists exert extreme caution in such situations because a personal relationship may be created in a context in which the psychologist cannot exercise ethical responsibilities (e.g., after the exchange of a few E-mails, an individual in another country confesses to planning to perpetrate violence against an identified individual). Along the same lines, we would advise on-line group facilitators against the practice of listing their home address and telephone number in their E-mail tag line. Writing E-mail can feel innocuous, and in most cases it is, but we recommend that psychologists refrain from communicating anything to an on-line group member in a personal E-mail that they would not say verbally to the person.

As another safeguard against a group member misunderstanding one's role, a psychologist on-line group adviser or listserv operator should use the server's software package to have a message automatically sent to all new members that clarifies that the psychologist does not necessarily read every message of the group. Not only is this putatively accurate (on-line groups can generate hundreds of messages a week or day), but it also should help dissuade members from posting messages with the covert intent of eliciting a private therapeutic response (e.g., making manipulative suicidal threats).

As another strategy for avoiding inadvertent creation of a real or perceived personal therapeutic relationship, we recommend that all interactions between the psychologist and the on-line group be conducted from an E-mail account that is separate from those used for other activities. Additional E-mail accounts can currently be obtained at no charge from many Internet service providers. This will lessen the likelihood that a psychologist will confuse a group member's message with a personal one when it is mixed within a long list of messages from friends and colleagues.

Ethical Considerations When Psychologists Participate as Peer Members

The need for clear and consistent role definition applies equally when psychologists participate as peer members in on-line groups. For example, imagine that a clinical psychologist named Don has been participating for several months as a member in an on-line self-help group focused on anxiety problems. Most evenings, while sitting at home, he describes his own struggles with anxiety and also provides support, encouragement, and advice to the other 300 or so members, signing his name as "Don." At this point, he is participating in the group as a peer and hence has not invoked his status as a professional psychologist.

However, imagine that after reading a message posted by a female member who is feeling extremely upset, Don posts a supportive response from his professional E-mail account for the first time at the agency where he works. Unlike the software package Don uses at home, his workplace E-mail program is configured for responses to go solely to the individual who posted the original message rather than to the group of original receivers. Furthermore, it tags each message with the line "Donald Smith, Ph.D., Licensed Clinical Psychologist." Unbeknownst to Don, the distressed member just joined the group that morning and has no prior knowledge of Don as a "regular" member of the group. The new member sees Dr. Donald Smith's electronic message of advice and encouragement in her inbox and concludes that she is in a group led by a licensed clinical psychologist with whom she has a personal relationship. The distressed member then posts several more messages to the group, mentioning that she is feeling suicidal and asking Dr. Smith to help her. Don never sees those messages because he reads only a sampling of the hundreds of messages posted to the group each day. The stage for personal and ethical disaster is now set.

When participating as peer members of on-line groups, psychologists should not tag messages with their degree, title, agency, or professional affiliation. Psychologists seeking help in on-line groups should also be alert to the possibility that one of their current clients, students, or coworkers could be in the group as well, including as a "lurker" (one who reads messages but does not write them) or as an active participant who uses a pseudonym. We believe it would be harmful to the well-being of help-seeking psychologists to carry the ethical prohibition of dual relationships

Table 1

Summary of Strategies for Ethical Behavior in Internet-Based Groups

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When in the professional role

Do not imply a private therapeutic relationship when you cannot meet the ethical responsibilities it entails.

Set the group's sign-in message and your own E-mail tag line to proactively clarify the limits of your role and responsibility in the group (e.g., you may not read every message and are not providing psychotherapy).

Provide advice only in public postings.

Set up a separate account for E-mail related to the on-line group.

When in the role of peer member

Be alert to the possibility that a client, student, or coworker may be participating actively or "lurking" in the on-line group.

Consider using a pseudonym when posting.

In both roles

Assume role relationships in on-line groups are fluid and require continual clarification.

Understand your E-mail software package, including its default settings.

Use a message tag or automatic signature containing information consistent with your role (professional or member).

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to a point where this possibility rules out receiving aid in on-line groups. A more reasonable position is for psychologists to err in the conservative direction (e.g., post pseudonymously and do not send private E-mails to individuals who may have been encountered previously in a different context) when they suspect but are unsure whether a particular group participant is one of their clients, students, or coworkers.

Conclusion

The strategies that we have proposed here (summarized in Table 1) are neither exhaustive nor, as technology develops, timeless. However, we hope that in combination with other work on Internet ethics (Bier, Sherblom, & Gallo, 1996; King & Moreggi, 1998) they will stimulate the field to give these issues sustained attention. Because on-line groups almost always cross state boundaries, a national discussion is needed so that national standards can emerge. If psychologists engage actively in this emerging dialogue, the end result should be an APA-sanctioned set of clear ethical guidelines for psychologists who choose to participate in on-line self-help groups. Ideally, these guidelines will protect the public as well as allow psychologists to participate in on-line groups as peer members. In the meantime, we hope the strategies here as well as a general attitude of caution will help psychologists make the most of this powerful new communication medium.

References

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist, 47,* 1597–1611.

American Psychological Association. (1997, November 5). *Services by telephone, teleconferencing, and Internet: A statement by the Ethics Committee of the American Psychological Association.* Washington, DC: Author. Retrieved September 5, 1999 from the World Wide Web: www.apa.org/ethics/stmnt01.html

Barak, A. (1999). Psychological applications on the Internet: A discipline on the threshold of a new millennium. *Applied and Preventive Psychology, 8,* 231–245.

Bier, M. C., Sherblom, S. A., & Gallo, M. A. (1996). Ethical issues in a study of Internet use: Uncertainty, responsibility, and the spirit of research relationships. *Ethics and Behavior, 6,* 141–151.

DeCarlo, E. (1998, May 11). Murder, she read. *New York Magazine,* 39–41.

DeKraai, M., & Sales, B. (1984). Confidential communications of psychotherapists. *American Journal of Psychotherapy, 21,* 293–317.

Foster, L. (1975). Group psychotherapy: Pool of legal witnesses? *International Journal of Group Psychotherapy, 25,* 50–53.

Gold, J. (1998, March/April). Mental health and the Internet. *Computers in Nursing,* 85–86.

Hammer, J. (1998, May 18). A chilling cyberspace confession. *Newsweek,* 36–37.

King, S. A., & Moreggi, D. (1998). Internet therapy and self-help groups—The pros and cons. In J. Gackenbach (Ed.), *Psychology and the Internet: Intrapersonal, interpersonal and transpersonal implications* (pp. 77–109). San Diego, CA: Academic Press.

Klaw, E., Huebsch, P. D., & Humphreys, K. (in press). Communication patterns in an on-line mutual help group for problem drinkers. *Journal of Community Psychology, 28.*

Lieberman, M. A., Golant, M., Benjamin, H., Humphreys, K., Giese-Davis, J., & Winzelberg, A. (1999). *Development of an Internet support group for breast cancer.* San Francisco: University of California.

Meyer, R., & Smith, S. (1977). A crisis in group therapy. *American Psychologist, 32,* 638–643.

National Board for Certified Counselors. (2000, June 21). *Standards for the ethical practice of webcounseling.* Greensboro, NC: Author. Retrieved June 27, 2000 from the World Wide Web: http://www.nbcc.org/ethics/webstandards.htm

Winzelberg, A., Epstein, D., Eldredge, K., Wilfley, D., Dasmahapatra, R., Dev, P., & Taylor, C. B. (in press). Effectiveness of an Internet-based program for reducing risk factors for eating disorders. *Journal of Consulting and Clinical Psychology.*

Winzelberg, A., Taylor, C. B., Altman, T., Eldredge, K., Dev, P., & Constantinou, P. (1998). Evaluation of a computer-mediated eating disorder prevention program. *International Journal of Eating Disorders, 24,* 339–350.